

City of Gunnison

bi-weekly time sheet

NAME: _____.

EMPL #: _____.

DEPARTMENT: _____.

DEPT ACCT #: _____.

MONTH: _____.

YEAR: _____.

DAY/ DATE	HOURS WORKED	HOLIDAY	SICK	VACATION	COMP TIME OFF	OTHER	ACCOUNT NUMBERS	DAY/ DATE	HOURS WORKED	HOLIDAY	SICK	VACATION	COMP TIME OFF	OTHER	ACCOUNT NUMBERS
SAT								SAT							
SUN								SUN							
MON								MON							
TUE								TUE							
WED								WED							
THUR								THUR							
FRI								FRI							
TOTAL	WORKED	H	S	V	C	O		TOTAL	WORKED	H	S	V	C	O	
	A		B		ENTER HOURS OVER 40 FROM BOX A INTO OVERTIME BOX D				A		B				
	C		D		ENTER HOURS FROM A (up to 40) & B INTO C				C		D				
	STRAIGHT TIME		OVERTIME						STRAIGHT TIME		OVERTIME				
ACCOUNT NUMBER							STRAIGHT TIME	OVERTIME	POLICE/DISPATCH TOTALS ONLY:				STRAIGHT	PAY	COMP
													OV		OV
													EMPLOYEE INITIALS		
TOTAL:									H	S	V	C	O	SUPERVISOR INITIALS	
COMMENTS:							Enter hours over 80 from box A into Overtime box above.	A		B					
								Enter hours from box A (up to 80) plus box B in Straight box above.							
STANDBY: _____ DAYS											DEPT HEAD INITIALS				